

8354

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No.

134

Registrar's No. 163

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (c) Location Southside Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 5 1/2 day; In Community 3 yrs.; In Arizona 3 yrs.
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Mesa
(If outside city limits also write RURAL)
(d) Street No. 147 East 1st. St.; (e) If foreign born, in U. S. 3 yrs.
3. (a) FULL NAME James O. Brookbank (b) If veteran name war -- (c) Social Security No. 523-09-9574
(If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband Winona Brookbank 6. (c) Age of husband or wife, if alive 48 yrs.
7. Birthdate of deceased Dec. 10, 1890
(Month) (Day) (Year)
8. AGE: Years 50 Months 9 Days 26 If less than one day hrs. min.
9. Birthplace Tuba City, Arizona
(City, town or county) (State or Country)

✓ 10. Usual Occupation Power Shovel operator
11. Industry or Business Airport Construction

12. Name Thomas Walter Brookbank
13. Birthplace Esensbury, Maryland
(City, town or county) (State or Country)

14. Maiden Name Susan Morilla Bates
15. Birthplace Utah
(City, town or county) (State or Country)

16. (a) Informant's own signature Winona B. Brookbank
(b) Address 147 E. 1st St. Mesa Arizona

17. (a) Burial, Cremation or Removal XXXX Burial
(b) Place Mesa, Ariz. (c) Date 10-9-41

18. (a) Embalmer's Signature R. H. Bell - 228
(b) Funeral Director Meldrum Mortuary
(c) Address Mesa, Arizona

19. (a) 10-22-41
(Date received local Registrar)

(b) [Signature]
(Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct. 6, 1941
TIME (Hour and minute) 12:30 A. M.

21. I hereby certify that I attended the deceased from Oct. 2d.
1941 to Oct. 5th, 1941;
that I last saw him alive on Oct. 5th, 1941;

and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
-phage

DURATION
4 wks

Due to Cerebral Tumor (Glioma) (Malignant)
of the Temporo-sphenoidal
Due to Path.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

PHYSICIAN

Underline the
cause to which
death should
be charged
statistically.

Of autopsy Cerebral Hemorrhage
from Glioma.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (c) Means of injury

23. Signature W. J. Sharp M. D.

Address Mesa, Ariz. Date signed 10-13-41